PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number 09/997468 4 340 33 - ロアスレイ・ロイン

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OI			OTHER THAN		
TOTAL CLAIMS			20					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			30 minus 20=		. 8			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =			<u> </u>		X42=		OR	X84 =		
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2						ı	TOTAL	390.	ЭR	TOTAL			
9	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALLE	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FÆE		RATE	ADDI- TIONAL FEE	
	Total	· 20	Minus	# 5	20	= -		X\$ 9=		OR	X\$18=		
AME	Independent	VEATION OF ME	Minus	***	3	<u> </u>	4	X42≈		OR	X84=	168	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140=										OR	+280=		
م								TOTAL ADDIT FEE		OR	TOTAL ADDIT FEE	PE	
(Column 1) (Column 2) (Column 3)													
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	╽╽	X\$ 9≃		OR	X\$18=		
	Independent	*	Minus	***		=	╽╽	X42=		OR	X84-		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										000		
								+140= TOTAL		OR	+280= TOTAL		
	•									OR	ADDIT FEE	L	
		(Column 1)		(Colu	mn 2) HEST	(Column 3	<u>)</u>						
AMENDMENT C	: 	REMAINING AFTER AMENDMENT		NUM PREVI	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	╛╽	X\$ 9=		OR	X\$18=		
	independent	*	Minus	***		=]	X42=		OR	X84=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM]	7.1.2		OH			
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3										OR	+280= TOTAL		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	ADDIT FEE	L	
		ber Previously Pai						ınd in the app	propriate box	k in co	lumn 1.		